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How to make “acubabies”

*Leon Antonio Rocha***“These eEncounters, Mundane and Extraordinary”: the narratives of Chinese medicine**

Interactions with biomedical professionals, relations with patients who move back and forth between biomedicine and traditional Chinese medicine, negotiations with healthcare policies and legislatures are not just occasional incidents but rather are the everydayness of Chinese medicine. It is through these encounters, mundane and extraordinary at the same time, that the very “core” of traditional Chinese medicine takes on specific shapes.¹

This chapter represents an initial step in a larger project investigating the narratives of Chinese medicine.² I argue that we should pay attention to the study of “narratology” and the “narrative acts” in Chinese medicine as well as its epistemology. By foregrounding the issue of “narratives”³ I suggest that not only is it important to grasp the construction of Chinese medical knowledge, it is crucial to investigate how such knowledge is framed by or presented via certain “stories” or “plots”⁴. To label these narratives “stories” or “plots” is not to imply that they are somehow “fictional” or “untruthful”⁵ nor is it to suggest that such narrative-making is unique to so-called

“Complementary and Alternative Medicine” (hereinafter CAM). Rather, these stories give coherence to a body of knowledge like Chinese medicine; they make it portable, transmissible, comprehensible, identifiable, and attractive to its audiences.

On this question of narratology, I am informed by seminal work on the history of the life sciences – particularly histories of nineteenth-century natural history, twentieth-century genetics and evolutionary science, primatology, and palaeontology – in which scholars have argued that all kinds of “plots” that are not “external” but integral to these sciences.³ “Emplotment” is just as important as fact-making. My outlook in this chapter is also inspired by anthropologist Mei Zhan’s *Other-Worldly*. She follows the long-range networks, stretching from Shanghai to the San Francisco Bay Area, involving cosmopolitan practitioners and shrewd entrepreneurs who promoted Chinese medicine. Zhan conceptualizes the development of Chinese medicine as “worlding” instead of “globalization” to move beyond the conventional spatiotemporal narrative, which assumes a coherent set of knowledge and practices that one could identify as “Chinese medicine” radiating from a definite point of origin or perceived centre (“China”), and then mutating into various forms in that process of transportation.⁴ Rather, a large number of entangled and entwined “worlds” of Chinese medicine co-emerge at multiple sites, with actors, texts, and artefacts circulating between/among them – from State-regulated institutions in China,

pharmacies in “Sinophone” communities, private clinics across Europe and Africa, new training schools with accredited courses established in the United States and Australia, and so forth.

Zhan pays careful attention towards that thick and dense “everydayness of Chinese medicine” – a constellation of activities that actively shape Chinese medicine around the world.⁵ For instance, she sensitively unpacks the various conversations that Dr. Huang Jixian – a medical officer at Shanghai’s Shuguang Hospital – engages in with international students and local patients. Huang “crafts a distinctively traditional Chinese medicine through strategic and mobile positioning *vis-à-vis* biomedicine in everyday translational practices to form a kind of traditional Chinese medicine that is at once different from and familiar to biomedicine.”⁶ Zhan argues that it is through these “effervescent moments” “mundane encounters” and performative acts that Chinese medicine becomes “translated, reinterpreted, challenged, and performed – that is, worlded.”⁷ These moments and encounters are not “external” to but are rather constitutive to Chinese medicine: they are “everyday processes and practices by which the very knowledges and meanings of traditional Chinese medicine are relationally produced, negotiated, contested and legitimized.”⁸ Building on Zhan’s insights, I analyse those narratives in Chinese medicine which ~~which~~ that are embedded in some equally “mundane” objects of persuasion, namely, a small

sample of popular manuals.⁹ These publications, which cover Chinese herbal formulae and *materia medica*, patent medicines and food therapy, acupuncture and acupressure, *tuina* massage and *qigong* exercises, have surprisingly received scant attention.

Why use these manuals as a point of entry? Because I want to consider, or at least touch on, the perspective of the patients and consumers of CAM therapies. Over the last two decades, pioneering scholars have produced path-breaking work on the constructions and disseminations of Chinese medicine in the twentieth and twenty-first centuries.¹⁰ All of these studies have intimately followed doctors and experts operating in private clinics, public hospitals, research institutions, and medical schools in China, Europe, North America, and elsewhere; and addressing anything from clinical decision-making, and instruction and transmission, to the movement of practitioners and personnel around the world. One noticeable gap in our understanding of Chinese medicine remains: the narratives, subjectivities, and experiences of patients. I am especially interested in how an individual *becomes* a patient of Chinese medicine; the multiple ways through which a patient encounters and comes to elect acupuncture and Chinese herbal medicine.

1 Make no mistake, there is a tremendous diversity of patients in terms of
2 ailments and expectations, wealth and access, gender and education, and so forth –
3 from the factory worker in Chongqing to white-collar professionals in a
4 Massachusetts suburb. To investigate the subjectivities of patients and consumers
5 clearly requires lengthy and laborious ~~and~~ interviews and quantitative research with a
6 wide range of individuals in a multitude of settings. The often-repeated demand for a
7 “symmetric” account of medicine – one that gives equal attention to experts and
8 patients – is tremendously challenging to fulfill. I suggest one launching pad for
9 thinking about a specific demographic of Chinese medicine patients – Anglo-
10 American women from middle- to upper-class, professional backgrounds with a high
11 disposable income, who can afford the money and time to research and experiment
12 with CAM – is the collection of English-language popular manuals. To write in very
13 general terms, these manuals invite readers, who often have not previously
14 encountered Chinese medicine, to think differently about their health and to consider
15 consulting a Chinese healer. They involve varying degrees of ideological and
16 rhetorical labor, and project particular images of Chinese medicine that are often
17 juxtaposed with negative portrayals and lengthy critique on the limitations of
18 biomedical specialties. These guidebooks are a form of publicity for Chinese medical

1 practitioners; the books are written to establish reputation and build cultural capital as
2 well as compete for potential customers in the medical marketplace.

3 These manuals cultivate potential patient-consumers by managing their
4 expectations, often by endowing them with a certain vocabulary or framework with
5 which they can talk about their bodies. In the process they may feel empowered and in
6 control of their health. They are written with the intention to be part of that longer
7 process of fact-gathering and experimentation, when individuals purchase and peruse
8 popular guidebooks, survey the internet for information, discuss their medical
9 decisions, seek testimonials, and exchange information from wider networks. They
10 may try out simple, fast, and “non-invasive” procedures from Chinese medicine – like
11 basic *tuina* massage, breathing exercises, diet modifications – which may be said to
12 alleviate their symptoms or promote general well-being. In this sense, popular books
13 on Chinese medicine may be different from, say, another subgenre of “self-help”
14 publications on diet and nutrition, because the goal of the Chinese medicine books is
15 to act as a “gateway” or “point of entry” and persuade readers to visit Chinese
16 medicine clinics – often the clinic operated by the manual’s author – to seek further
17 help. This contrasts with the more self-contained guides ~~which~~that contain diet
18 regimens and exercise routines, which ordinary readers could follow without expert
19 guidance. A face-to-face consultation between a Chinese medical practitioner and a

patient may be in fact the culmination of a long process of continual negotiation and preparatory research. Popular manuals thus deserve more careful attention so that we can understand the many ways through which one comes to encounter and becomes part of a “world of Chinese medicine”.¹¹

“This gGuy €could €get a €cactus Ppregnant”: Chinese medicine and infertility

BITSY: Can you believe it? Me, pregnant. It’s a girl [...] And I owe it all to

Dr. Mao. Or as we call him, “Dr Wow” Acupuncturist/slash

miracle-worker. Seriously, I couldn’t take it anymore with the IUIs

and the IVFs and the “I-give-up”. Anyway, then I go to this guy and

poof! I’m with child! [...] I don’t know how the hell it works, but this

guy could get a cactus pregnant.¹²

Out of the many popular manuals, I choose one subset discussing Chinese medicine

and acupuncture for female patients suffering from infertility or to complement these

patients’ *in-vitro* fertilization (hereinafter IVF) regimens. The three manuals I read in

depth are all written in English and were published in the United States within the last

decade. They include: (1) *The Infertility Cure: The Ancient Chinese Wellness*

Program for Getting Pregnant and Having Healthy Babies by Randine Lewis (2004),¹³

(2) *Fertility Wisdom: How Traditional Chinese Medicine Can Help Overcome*

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1 *Infertility* by Angela Wu (2006),¹³ and (3) *The Tao of Fertility: A Healing Chinese*
2 *Medicine Program to Prepare Body, Mind, and Spirit for New Life* by Ni Daoshing
3 and Dana Herko (2008).¹³

4 Why these manuals? I have wanted to read closely the category of books
5 ~~which~~that explore the way that Chinese medicine can deal with a specific problem –
6 such as cancer, heart disease, respiratory illnesses and allergies, skin disorders,
7 diabetes, infertility and menopause symptoms, and controversial conditions like
8 fibromyalgia – and ~~which~~that are directed at ~~the~~those sufferers of these conditions. To
9 paint with a broad brush, the persuasive labour carried out by books that explore
10 Chinese medicine in general differs from those that target a particular disease. Some
11 general guides, for example, are framed by Chinese cosmology and New Age
12 philosophy, or prioritizse general advice on health and diet. Others concentrate on
13 meditation, exercises, or home remedies. Yet another subgenre contains lavish
14 illustrations that appear to exoticise China and Chinese medicine.¹⁴ Unlike books that
15 address specific conditions, the more general introductions on Chinese medicine do
16 not necessarily contain explicit “translations” between biomedical and Chinese
17 categories, or consistent labour in establishing equivalences between the two medical
18 systems. I speculate that these general introductions may be perused by readers
19 curious about Chinese medicine and perhaps Chinese culture in general, but in the

current investigation I limit myself to manuals ~~which~~ that addresses a specific medical condition and offers solutions to it. ~~I am also~~ Neither am I not considering specialist textbooks and training manuals on reproduction ~~which~~ that are written specifically for current practitioners and clinical researchers.¹⁵

I am also drawn to these manuals on infertility, IVF₂ and Chinese medicine because women's medicine has ~~be~~ been crucial to the spread and survival of Chinese medicine in the global medical marketplace. Volker Scheid suggests that women with gynaecological problems, which may have no straightforward "cure" in biomedicine, represent a sizeable clientele and a lucrative business for CAM. Scheid argues, "the ensuing demands for practices such as [Chinese medicine] may well have filtered back to China and influenced physicians there to design treatments specifically dealing with this problem²²."¹⁶ This feedback loop between West and East ends up limiting Chinese medicine as just another CAM useful for treating a narrow set of conditions with an increasingly standardised, streamlined set of protocols. It is true that ~~that~~ Chinese medicine has a long and rich history in dealing with reproductive problems through the specialism called "women's medicine" (*fuke*).¹⁷ However, as Scheid observes, treatment strategies in Chinese medicine for problems like menopause and infertility were really invented from the 1960s and 19-70s onwards. This consisted of the careful appropriation of older sources, repackaged and

reconceptualized through the biomedical framework, and then re-presented globally as though current Chinese diagnoses and treatments of reproductive disorders are “systematic, coherent and nothing else than the logical extension of ideas contained in the earliest medical canons.”¹⁸ As such, I select a fertile area that needs urgent intervention: that intersection between Chinese medicine and assisted conception.

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I also hope to contribute to work on the cultures of assisted Reproductive Technologies (ART). Pioneers from medical anthropology and sociology have studied the users of ART, particularly the regimens, outlooks, and lifestyles they follow.¹⁹ In the Chinese context, Judith Farquhar and Jeanne Shea have analyzed menopause, ageing, and infertility in postsocialist China, while Lisa Handwerker has written specifically on Chinese women pejoratively labelled “hens that ~~could not~~ can’t lay eggs” (*bu xiadan de muji*).²⁰ This whole body of literature on ART is too enormous to dissect here, but particularly pertinent for now is Sarah Franklin’s *Embodied Progress* (1997), which discusses in detail women’s IVF experiences as a “way of life” an “obstacle course” and a “sequence of obstacles that pose a constant challenge.”²¹ These women deploy “a range of strategies to cope, and [demonstrate]ing a sophisticated self-awareness in the process.”²² Franklin’s ethnography predates the rise in popularity of CAM as a supplement or adjunct to fertility programmes. I suggest Chinese therapies are being used precisely as one

among a host of coping strategies or “accessories” to “make sense” of things through another discourse. Karen Throsby’s *When IVF Fails* (2004) touches on the intersections of IVF and CAM. Throsby challenges the dominant representation of IVF as a “successful” technology. Her British informants say they have reached “unacceptable levels of desperation” when they try out CAM. Their doctors say they have an “unexplainable” infertility or abnormality; they are thus looking for a “miracle.” Some are IVF users, who feel the need to try everything to beat unfavorable odds – even if they never trust CAM’s efficacy.²³ Throsby does not ask which CAM – they may have divergent levels of “scientific respectability” carry different cultural meanings, and so forth – are chosen by which groups, what these therapies usually entail, and how these women discover information about them. I hope to open up consideration on the entanglements between infertility, ART, and CAM in the Western medical marketplace.

Isolated studies confirm that a substantial minority of infertile couples turn to CAM either as either an alternative or adjunct to ART.²⁴ Chinese medicine, particularly acupuncture, is one of the most popular CAM treatments used in this context. A prospective cohort study carried out in San Francisco followed 428 women for eighteen months. The majority of the subjects were “married (88%), white (70%), college graduates (72%)” and over half had an annual household income of less than

1 100,000 [American] dollars (58%)”²⁵ Over half of these women were using IVF
 2 during those eighteen months of observation, and “22% had used acupuncture” and
 3 “16% herbal therapy”²⁶ The use of Chinese medicine to supplement IVF has also
 4 become an interesting scientific “problem”²⁷ indicated by the increasing number, in
 5 the last fifteen-to-twenty years, of clinical trials and meta-analyses—statements
 6 from Euro-American professional bodies that either support or dismiss it. In mass
 7 media, there is also wide reportage on the use of Chinese medicine to treat infertility
 8 or as an adjunct to ~~w~~Western treatments.²⁷

9 Representations of “wonderworking” practitioners of Chinese medicine could
 10 also be found in popular culture. This section’s opening quotation comes from *Sex*
 11 *and the City*. One of the main characters, Charlotte York, is desperately to conceive
 12 after repeated failures with ART. Following a friend’s recommendation, Charlotte
 13 visits “Dr. Mao” – also known as “Dr. Wow”²⁸ – played by Chinese medical
 14 practitioner Dr. Ni Maoshing (as himself).²⁸ In the packed waiting room of “Wow”’s
 15 clinic, Charlotte is surrounded by patients who candidly share their own heartbreaks,
 16 as well as their triumphs after receiving “Dr. Wow’s needles”²⁹ Charlotte does not
 17 end up ~~with a baby~~conceiving; instead her “miracle” is the adoption of a Chinese
 18 orphan girl. However, “Wow”’s³⁰ treatments help Charlotte attain some sort of “inner
 19 peace” as she learns to “block out” the noises of Manhattan and Manhattanites. This is

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one of the first media portrayals of acupuncture used in the context ~~of~~ boosting fertility, and even though it is difficult to measure the impact of such filmic and journalistic representations, they do signify collectively that the combination of Chinese medicine and ART has entered into “mainstream” consciousness.²⁹

The next sections discuss common motifs in the three popular guidebooks on Chinese medicine and fertility. These “plots” include: (1) the making of miracles; (2) the timelessness of Chinese “wisdom”; (3) the tensions between Chinese and ~~w~~Western medicine. In tandem the manuals and their authors’ backgrounds are introduced. In the final section I address the dynamics between Chinese and ~~w~~Western medicines, as well as the question surrounding the evaluation of the clinical effectiveness of Chinese treatments.

“We ~~c~~all the ~~L~~ittle ~~M~~iracles ‘~~a~~Acubabies’: ~~d~~Defying ~~O~~odds and ~~D~~elivering ~~L~~ife

Step inside our clinic and you can’t miss a wall-size collage dedicated to the babies doctors thought would never be born. We call the little miracles in this photo collage “acubabies”: babies conceived and born, with support from acupuncture and other traditional Eastern therapies, often against tremendous odds.³⁰

Angela Wu, the author of *Fertility Wisdom*, maintains a clinic in San Francisco and has practiced Chinese medicine “for nearly thirty years”.³¹ Her first American “acubaby” – a baby conceived with the help of Chinese medicine (especially acupuncture) “working in partnership with Western fertility experts” – was born in 1982.³² Wu claims that in 2005 alone she has helped “seventy-nine fertility-challenged women become pregnant”,³³ thirty-nine of whom used a combination of ART and Wu’s treatment.³³ Many patients who come to Wu confess to being in a hopeless situation, wondering “if they would ever conceive at all”.³⁴

Born in China, Wu explains that her first encounter with Chinese medicine was through her “Ama” (grandmother), who “constantly bombarded [Wu] with unsolicited healthcare advice: ‘Cover your head in winter!’ ‘No cold drinks!’ ‘Eat these special poached eggs after your period!’”³⁵ Wu mentions that she has studied the art of “eight characters” (*bazi*) “developed more than 5,000 years ago and based on the same concepts as the *I Ching*”.³⁶ Indeed, *Fertility Wisdom* contains extensive discussion on harmonizing one’s environment through *fengshui* to increase one’s chances of conception. Wu’s interest in Chinese medicine stems from her own difficulties. She had a miscarriage without having realized she was pregnant, and later gave birth to a girl who ~~only~~ lived for only forty-odd days. She then successfully had two healthy children, but after she delivered her youngest daughter, her bleeding

continued and she was hospitalized. It was during her recuperation that Wu began practicing meditation, feeling the “healing power of [her] own *qi*” and developed “a deep sense of mission” to apply the wisdom of Chinese medicine to deal with all reproductive problems.³⁷

Wu received training in acupuncture and Chinese medicine, and moved to San Francisco in the late-1970s. She “adapted ancient self-healing practices – meditation and acupressure – that for years were the exclusive domain of Taoist sages” and challenged “preconceived notions” reaping “unexpected benefits – among them, miracle babies – and [paved] the way for others on their own fertility journeys.”³⁸ Wu states that if women use the “fertility wisdom” that she prescribes “in conjunction with Western technologies” then:

They find themselves better able to manage the physical discomforts and emotional stresses of these treatments. And when they do become pregnant, women who adhere to the concepts behind our *Fertility Wisdom* increase their chances of full-term pregnancy. They have more energy and vitality, less nausea, fewer mood swings, and a brighter outlook. When it comes time to deliver, labor often lasts 4 to 6 hours instead of days. Mothers bounce back without depression or fatigue and with better long-term reproductive health.

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Babies are calmer, with more regular sleep patterns and fewer health concerns. And none of the babies born to mothers who have followed my recommendations – even older mothers – has been born with Down’s syndrome.³⁹

Wu claims her programme has proven so successful that it has attracted the attention of WWestern fertility experts, who invited her to participate in research at the University of California, San Francisco. She has been labelled a “fertility goddess” comparable to “Quan [*sic*] Yin” by her patients and associates.⁴⁰

Ni Daoshing, author of *The Tao of Fertility*, is another “miracle-worker”. Compared to Wu, Dr. Ni devotes fewer pages to his background. What Ni does say is that his family “has been at this for a long time”. He claims to descend from “almost seventy-six generations of Taoists” and his preferred moniker, “Dr Dao” reflects his commitment to the “Taoist tradition”. Ni relates that he grew up immersed in Daoism and was “predestined to be a healer”. By the time he was in elementary school, he started learning *taiji* and *qigong*, and later on trained in Chinese medicine. Ni wants to “help people actualize their life and their potential”. He proposes that it is possible to give birth to miracles by following his simple twenty-

eight-day fertility enhancement programme – the eponymous *Tao of Fertility*. Indeed, this manual is built upon Ni's tips and the "miracles" from his case-files.

One such miracle he discusses in great detail concerns a thirty-year-old woman called Rita.⁴⁶ Rita was diagnosed by her ~~w~~Western doctors as "premenopausal"; she had very little ovarian tissue and extremely irregular periods. She had also been going through hormone replacement therapy (~~HRT~~) to manage her premenopausal symptoms, and she had other ongoing health problems including asthma and allergies, and a family history of diabetes. When she visited a "big fertility expert"⁴⁷ she was prescribed oestrogen patches with the intention of using human menopausal gonadotropin (~~hMG~~) shots later to stimulate the ovaries.⁴⁷ Rita was highly critical of her doctors' approach: "I think now they were just trying to pacify me. They knew it wasn't going to work [...] And sure enough, it wasn't long before they suggested a donor egg. The shots hadn't worked and neither did the patch"⁴⁸ A donor was arranged who then backed out. Rita "started hoping again that there might be some other way for [her] to get pregnant without a donor egg"⁴⁹ but the doctors were adamant that this was not going to happen, "barring a miracle"⁴⁹ When Rita insisted, her doctors referred her to a psychotherapist. Later on she went to see another doctor, who introduced her to "Dr. Dao"⁵⁰

Rita was reluctant at first to visit Ni, because of her scepticism with regard to CAM's efficacy in general and because she was "a complete needle phobic."⁵⁰ Her husband convinced her: "Why not try this one last thing?"⁵¹ Ni Daoshing recalls that Rita was "very sensitive and highly emotional."⁵² His first strategy was to "reverse her ovarian aging."⁵³ Ni "told her there were no guarantees" though Rita responded extremely well to the first acupuncture sessions.⁵⁴ Ni then advised her to avoid refined sugar and to increase her protein intake, and to exercise every day. Soon after Rita "started to feel twinges in the ovary area" and then an "actual twinge in her uterus."⁵⁵ She then began ovulating and her hot flashes had entirely stopped, and "with the blessing of her doctor, Rita went off all of the hormones she had been taking."⁵⁶ Dr. Dao continued acupuncture on a weekly basis and Rita was able to ovulate three times. She then discovered that she was pregnant and gave birth to a daughter with minimal complications. And here was the "miracle": when Rita's doctor performed a Cæesarean section, he was "dumbfounded because he could not find any ovarian tissue."⁵⁷

Our third popular guide is Randine Lewis' *The Infertility Cure*. Angela Wu used Chinese medicine for her postpartum recovery, and "Dr. Dao" boasts a family heritage in Daoism and Chinese medicine. Lewis, on the other hand, was trained first in wWestern gynæcology and midwifery, used ART without success, was helped by

Chinese medicine to conceive, and then trained in Chinese medicine – a metamorphosis from patient to practitioner, from wWestern doctor to Chinese healer. Lewis also emphasizes the “magical” and “miraculous” properties of Chinese medicine; it is something at once so simple yet so miraculously effective, or miraculously effective *precisely* because of its simplicity. Lewis’ book also contains elaborate case studies of women overcoming the odds and successfully bearing a child, despite being told by wWestern experts to give up. One case involves Edith, who went through nine cycles of IVF:

[Edith] had her fallopian tubes evaluated and her hormone levels [...] took (and passed) Clomid challenge tests; she had her uterus inspected hysteroscopically and had uterine biopsies and ultrasounds. She had no history of abnormal menstrual bleeding, ovarian cysts, endometriosis, fibroids, or any other menstrual disorder. Still she couldn’t conceive, and even with all the tests, her doctors could come no closer to explaining why she was unable to become pregnant. The only possible reason, they told her, was her age.⁵⁸

As anthropologist Sarah Franklin points out, women undergoing a multitude of medical tests and failed cycles of IVF are often told by their doctors that, in the end, “there is nothing wrong⁵⁹” This motivates women to reach out to CAM either for a

sense of closure, or for a coherent narrative that can give them answers. By the time she came to visit Randine Lewis, Edith was already forty-five years old, and had “obviously come to the point of mistrusting her healthcare providers”.⁶⁰ Lewis proceeded to see Edith twice a week for acupuncture and herbs.⁶¹ After five months of treatment, Edith enrolled in one more IVF and asked Lewis to “gear her up”; Lewis “stimulated her ovaries with acupuncture treatments to flood them with more energy and Blood”.⁶² Edith finally gave birth to a healthy son. Lewis frames this as a story of *defiance* – Edith defied the fertility experts’ diagnosis, and Chinese medicine defied nature (though with the assistance of a final IVF cycle). In a telling passage, Lewis argues that Chinese medicine is all about “listening to our bodies” and ~~by~~ ~~doing so~~ “miracles” could happen to anybody who does so: “

When we’re willing to listen to our bodies and begin trusting ourselves as much as we trust outer authorities, all the rules change. And so does our biology. Statistics no longer apply to us. We enter the realm of miracles and undreamed-of possibilities.”⁶³

In her ethnography, Mei Zhan also discusses in detail a cosmopolitan “miracle worker” called Li Fengyi.⁶⁴ Like many Chinese medical practitioners, for Li, a specialist in cancer and liver diseases, “the ability to handle difficult clinical cases and, in particular, to achieve what mainstream biomedicine cannot is an unmistakable

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sign of professional accomplishment”⁶⁵ It is all about “playing [the ~~w~~Western doctors’] game” and “get[ting] right at the centre of the game”⁶⁶ Indeed, Zhan shows that “everyday discourse and practice of traditional medicine [~~have~~s] become intimately connected with the production of the extraordinary”⁶⁷ “Miracle-making” is also about strategic positioning and ultimately survival in the marketplace: “craft[ing] a niche of traditional Chinese medicine within the biomedicine-cent~~er~~ed healthcare system”⁶⁸ Chinese practitioners often deal with the “leftover” cases – patients who have been “abandoned” by biomedicine – from tricky and controversial conditions (which biomedicine ignores) to chronic and debilitating diseases (for which biomedicine offers no cure). This also includes infertility; ART users who have exhausted all other avenues – and thus use Chinese medicine as a “desperate remedy”⁶⁹

Chinese medicine is therefore called on to defy death sentences or to overcome overwhelming odds to create life. These popular books present miraculous clinical events to persuade their readers, to showcase the efficacy or even superiority of Chinese medicine. Where biomedicine fails to bring life, Chinese medicine succeeds in helping women to become pregnant. As Zhan points out, this deployment of the discourse of the “extraordinary”⁷⁰ “improbable”⁷¹ and “impossible”

simultaneously challenges Western medicine and reinscribes Chinese medicine's marginality and Otherness vis-à-vis the "scientific" mainstream:

This sense of the extraordinary [...] underscores the fact that instead of explaining or generalizing the mechanisms of [Chinese medicine], the conceptual framework and technologies of biomedicine affirm [Chinese medicine's] efficacy only to the extent of confirming the result of [the] treatment in biomedical terms. The significance of [the] "miracle" making thus remains ambiguous: [Chinese medicine] has accomplished what biomedicine cannot, and yet the rationality of [its] success is not accounted for – let alone normalized – by authoritative biomedical means.⁶⁹

Zhan argues "marginalization is much more than the simple act of excluding traditional Chinese medicine from the proper domain of science and biomedicine"⁷⁰

The mundane way that Wu, Ni, and Lewis weave their extraordinary clinical experiences into their narratives of medical practice and acts of persuasion performatively reiterates and reinforces the status of Chinese medicine as "complementary and alternative"⁷¹

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“Listen to and hHeed Yyour Bbody’s Innate Ssense”: Chinese medicine and its timeless fertility wisdom

Women understand the idea of the human body as an ecosystem because we ourselves are an “environment” within which (hopefully) a child can be conceived and grow to term. If you listen from the deepest part of your awareness, I believe you will experience the truth of this ancient and wise tradition of healing.⁷¹

How exactly *does* one make acubabies? All three guidebooks perform a delicate balance between the exotic and the familiar. Chinese medicine is ~~at once~~ “miraculous” but yet its “timeless wisdom” appeals to “common sense”. It is ~~at once~~ an elaborate system with a foreign origin that requires decades of dedicated training to master, yet the women’s “natural” and “innate” sense is *the* primary site of authoritative knowledge. Chinese medicine is something mysterious, not easily translatable into wWestern science, yet it is simultaneously something that is *always already* “known”. To persuade their readers, Ni, Lewis, and Wu recruit the perspectives of former patients, as well as exhibiting elaborate case-histories. Again, these plotlines of “timeless wisdom” and “women’s voices” in these guidebooks highlight the tensions and contradictions created by the global proliferation of Chinese medicine.

The centerpiece of all three books — Ni's *The Tao of Fertility*, Wu's *Fertility Wisdom* and Lewis' *The Infertility Cure* — is their set of instructions on increasing one's "reproductive potential".⁷² I start with Ni's "Twenty-Eight Day Fertility Program".⁷² It combines dietary regimens, "self-help acupuncture" and lifestyle adjustments to regulate menstruation. The programme takes twenty-eight days because this represents "the length of the ideal menstrual cycle (which also roughly corresponds to the lunar cycle)".⁷³ Ni maps the Chinese seasonal view of the female reproductive cycle onto the biomedical view, where "winter" corresponds to the menstrual phase and "summer" mirrors ovulation.⁷⁴ The winter is akin to "resetting the clock" as a woman is "gaining a new opportunity to conceive again" and when spring (the follicular phase) arrives, "plants begin to sprout [...] the earth is filled with new life, with hope and beginnings" and follicles are "like a bride ready to meet her groom".⁷⁵ This leads into the summer and the ovulation phase, "when life is at full bloom".⁷⁶

Ni elaborates his fertility programme via this trope of germination, nourishment and cultivation. His food menu, for the first fourteen days of the menstrual cycle from "winter" to "summer" involves eating "a lot of wholesome grains as well as high-protein foods".⁷⁷ Everything must be consumed warm, and raw fruits and vegetables are to be avoided, because they are "harder to digest" and

1 take away the body's energy.⁷⁸ If one suffers from menstrual cramps, it is "actually
 2 healthier to do more strenuous exercise” though one should “avoid too much
 3 jumping or pounding” to prevent retrograde menstruation.⁷⁹ If one feels weakened, it
 4 is “important to eat hot and warm foods and ‘bloody’ foods – beef bone soup, bone
 5 marrow soup, beef chili and hearty stews” as well as root vegetables.⁸⁰ But above all,
 6 “~~avoiding~~ avoid cold foods and definitely avoid icy ones – no ice cream and no ice
 7 in your water”.⁸¹ Ni lists some detailed menus, for instance: “organic whole-grain
 8 granola cereal mixed with one cup of organic low-fat plain soy yogurt” for breakfast;
 9 “one medium-sized chopped sweet potato or yam, and kale sautéed in chicken,
 10 vegetable or beef broth” for lunch or dinner.⁸² For the second fourteen days of the
 11 menstrual cycle, from “summer” to “winter” the uterus is “like dough to which
 12 yeast has been added, the lining starts to rise and create spaces and crevices in which
 13 the egg might implant”.⁸³ Ni recommends leafy green vegetables and berries.⁸⁴
 14 Heavy jumping and running – or any “activity that would direct the blood flow away
 15 from the pelvic cavity” – must be avoided, and “better bets” are Pilates, yoga and
 16 *qigong*.⁸⁵ Ni provides further menus and recipes, including scrambled soft tofu or
 17 poached egg for breakfast, and salmon, turkey breast, steamed beets salad or lean
 18 sirloin steak for lunch and dinner. Dr. Dao also briefly describes the culture of
 19 “medicinal foods” in China – cooking meals with the addition of certain medicinal

herbs such as “jujube fruit (*dazao*), milk-vetch root (*huangqi*), Chinese angelica root (*danggui*), licorice (*gancao*), Chinese yam (*shanyao*)”⁸⁶ If readers have difficulty acquiring these herbs, they “can substitute more common spices like fennel, cinnamon and ginger”⁸⁷

In addition to dietary changes, Ni Daoshing suggests that women self-administer acupressure on a few acupoints – pressing them twice a day for general well-being.⁸⁸ Of particular importance is the “Sea of Blood” (SP-10 *xuehai* on the Spleen Meridian of Foot-*Taiyin*), which has to do with “blood flow”⁸⁹ Ni suggests that our blood vessels “are like newly paved highways” when we are young, and as we age, blood-flow lessens and the “roads” become bumpier and narrower.⁹⁰ The application of pressure on the “Sea of Blood” can “improve the microcirculation into your uterus, your fallopian tube area, your cervix, your vagina – all the areas of your reproductive system”⁹¹ Finally Ni prescribes a set of “do’s and don’ts”⁹² Do eat green vegetables, fruits, and legumes. Do eat fish and seafood but in limited quantity, because of the mercury content in fish. If in doubt, take fish oil supplements instead. Eat lean meats and eggs. Eat more cooked foods. Eat dark chocolate and drink green tea. Do increase intimacy with one’s partner, do “embrace nature”⁹³ and practice meditation. Further, recognition of “the power of imagery and affirmation” is essential:

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As part of your fertility program, start imagining. Daydream – come up with a mental picture that conjures up life and growth. Imagine a forest throwing off warmth and moistures [...] Everything grows there; everything gets fertilized and implanted. Now imagine that your pelvis or uterus is like the floor of that rain forest [...] The soil is full of nutrients, so any seed that drops on this floor will germinate and become alive [...] [The imageries] help a woman to focus and concentrate on bringing energy and blood circulation to a particular region.⁹³

Here Ni recruits a “woman’s voice”⁹². A former patient says that she “had heard about the mind/body connection, particularly how it relates to fertility”⁹⁴. It is about “getting centered and peaceful, and letting go of stress”⁹² and through Chinese medicine she has come to understand “how the mind and the body interact”⁹² which has “helped [her] to slow down” and improved her “egg quality”⁹⁵. A major feature of Ni’s *The Tao of Fertility* is the frequent appearance of a grey text box, separate from the main text, entitled “Women’s Voices” – a point to which I return in the next section.

The bulk of Wu’s *Fertility Wisdom* is a guide for boosting the chances of natural conception and success with ART, by preparing and nurturing a woman’s

“internal environment”⁹⁶ In contrast to Ni, Wu prescribes a programme that has to be followed for at least three to six months, consisting of the following components: “Feed the sSeed: Eeating and Ddrinking Wwisdom”⁹⁷ “Nurture Yyour Oorgans: Aacupressure Ttechniques”⁹⁸ “Smile and Bbreathe: Taoist Mmeditations”⁹⁹ “Move Yyour Bbody: Qigong Eercises”¹⁰⁰ “Circulate Yyour Qi: Uusing Mmoxa”¹⁰¹ and “Harmonize Yyour Eenvironment: Ffengshui for Ffertility”¹⁰²

Wu’s dietary prescriptions are largely similar to Dr. Dao’s, particularly their shared, repeated emphasis on not taking food or beverages cooler than room temperature – ice cream is strictly prohibited. Processed foods and refined sugar must be avoided; and all women should “[replace] junk food with real food”¹⁰³ stop smoking and drinking coffee; and lowering the consumption of raw foods, including fruits.¹⁰⁴ However, Wu describes a more elaborate classification of food according to the *Yin-Yang* and *Wuxing* theories, whereby different foodstuffs contain different *qi* or affect its movements in the body. Depending on an individual’s bodily constitution (“internal weather”), which a reader can read off from Wu’s chart, certain foods are beneficial or harming.¹⁰⁵ Wu provides details on how to “stock a fertility-friendly pantry” (fresh ginger and low-fat cottage cheese, among many items).¹⁰⁶ Overall the aim is to “stop counting calories or assessing nutrient content” and instead “[strive] for balance and harmony – a diet that is neither too warm nor too cool and

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that samples the amazing variety of foods, beverages, herbs and spices nature provides.”¹⁰¹ There is however no mention of Chinese herbal formulae, with the exception of a small two-page appendix at the end of the book on the familiar *Xiaoyao san* (“Rambling Powder”), *Bazhen tang* (“Eight-Treasure Decoction”), and *Baochan Wuyou fang* (“Worry-Free Formula to Protect Birth”).¹⁰²

The next four aspects of Wu’s programme concern “bodywork”: acupressure, meditation, *qigong*, and moxa. Acupressure involves three techniques in turn: “Opening the Wind Gates,” “Uterus Lift” and “Groin Pulse Acupressure.”¹⁰³ The so-called “Wind Gates” in Wu’s scheme do not refer to the acupoint “Wind Gate” (BL-12 *fengmen* on the Bladder Meridian of Foot-Taiyang), but ~~it is~~ to Wu’s idiosyncratic method of “belly-breathing” and massaging various regions around the navel.¹⁰⁴ “Uterus Lift” is an “important fertility enhancer” Wu claims, “as old as Chinese medicine itself” and “can be used by any woman [...] to lift and strengthen their uterus.”¹⁰⁵ The first part of “uterus lifting” involves repeatedly relaxing and contracting the muscles in the pelvic floor during urination, similar to “Kegel exercises.”¹⁰⁶ Then a woman should place her fingertips just above her pubic bone, pressing in towards her spine: “Your fingers will be under your uterus [...] gently lift your uterus up toward your navel [...] hold this position for 33 seconds, then release.”¹⁰⁷ Finally, “Groin Pulse Acupressure” is “nature’s Viagra – an easy way to

improve blood-flow to the genitals” by massaging the groin region and the inner thighs.¹⁰⁸

Wu calls her meditation technique “Inner Smile”. Arguing that Western medicine had only just ~~begun~~ “began” “to acknowledge a correlation between health and happiness” Wu claims that the “ancient Taoist sages” already understand the power of joyfulness: “You smile to your organs and thank them for a lifetime of hard work in keeping your body operating”.¹⁰⁹ Further practices include “Microcosmic Orbit Meditation” – “touch[ing] your tongue to the roof of your mouth just behind your front teeth” to connect the major energy channels in the body – and “Six Healing Sounds” – healthy organs have “natural frequencies” and it is possible to make the organs “resonate” by humming particular sounds.¹¹⁰ An extremely brief section on moxibustion is immediately followed by a discussion on *fengshui*: “

Through the way we build on the land, place furniture and other objects in our homes, and choose colors for our décor and clothing, we can facilitate the flow of *qi* around us and bring good fortune, health, harmony – even a baby – into our lives.”¹¹¹

Wu recommends her readers to place a *Bagua* mirror above the front door “to ensure balanced energy in your home”, arrange furniture with “maximum benefit and minimum effort” in mind, tidying up the bedroom as “clutter blocks the flow of

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qi and use auspicious colours and “fertility symbols” (elephants, dragons, red paper lanterns, and fruit) to decorate the living space.¹¹² Wu emphasizes that, in order to produce miracles, there has to be a total biological and environmental makeover.

Randine Lewis’ “Ancient Chinese Program for Reproductive Wellness” comprises four steps: (1) Preparing the reproductive system by “balancing opposing energies”; (2) Taking care of your body gently and naturally” through diet and lifestyle changes; (3) Clearing your energy” with acupuncture and acupressure; (4) Using herbal remedies to “promote vibrant reproductive health.”¹¹³ Out of the three guidebooks, Lewis’ ~~book~~ contains the lengthiest instructions on acupuncture points and herbal remedies.¹¹⁴ Readers are invited to “come up with a program with which [they] are comfortable and to which [they] can adhere for perhaps months.”¹¹⁵ Whereas Ni and Wu describe around five acupoints, Lewis lists *fifty* from those that “tonify the kidney” and “resolve liver *qi* stagnation” to those that “regulate the hypothalamic–pituitary–ovarian axis” and “resolve grief and call to the soul of the unconceived child.”¹¹⁶ While Ni and Wu have little commentary on herbs, Lewis discusses around sixty formulae and patent medicines.¹¹⁷ There are also elaborate checklists, templates of charts, and tables with which readers are to monitor their reproductive cycles consistently.¹¹⁸

Despite these differences, Lewis' advice is still largely similar to the other two authors'. Without sharing Ni and Wu's fervent denunciation of ice cream, Lewis encourages her patients to: eat alkaline rather than acidic foods; ~~have~~^{eat} food with essential fatty acids from unprocessed plant sources and deep-sea fish; ~~eating~~^{eat} organic foods and hormone-free meats; ~~avoid~~^{avoid} caffeine, nicotine, and alcohol; and so forth.¹¹⁹ Randine Lewis also prescribes various massage and *qigong* exercises that would help ~~to~~ "literally breathe life into and through the uterus"¹²⁰

Ultimately the minutiae of the programmes for making acubabies need not overly concern us. What really matters is the way that their Chinese medical knowledges are mediated and presented via the same narrative: Chinese medicine as a kind of "timeless wisdom". For "Dr. Dao"¹²¹ his source of authority was an exclusive pedigree – seventy-six generations of Daoists.¹²¹ He de-emphasizes his training and background and implies that his procedures are based on secret "wisdom" transmitted through generations of miracle workers. Out of the three manuals, Ni's fertility programme and therapies strike one as being the most general and simplistic.

Angela Wu focuses on the "practicality" of her "fertility wisdom" and again emphasizes the "timeless advice" handed down from her ancestors, who in turn ~~were~~^{was} endowed with the knowledge of the "Taoist sages from the Mountain" and the

fertility goddess “Quan [*sic*] Yin”¹²² Wu relates her teenage experiences, when she lived with her mother’s stepmother, who insisted that Wu ~~eat~~ a particular “post-period breakfast” with chicken and eggs poached in broth with fresh ginger, sesame oil and rice wine – which Wu now prescribes regularly to her patients and readers. ~~She~~ Wu states that, in East Asian cultures, elders are regarded as “a source of knowledge on how to live a healthy life”¹²³ and that China is “full of concerned grandmothers who tell their busy granddaughters never to leave the house with wet hair.”¹²³ These everyday tips from nagging “amas” and long-winded “grannies” are regarded as something that *encodes* the principles of Chinese medicine, ignored or forgotten by modern men and women. Wu veers close to arguing that Chinese medicine is *actually* these “mundane” yet “miraculous” tips; it is something that is *always already* known by “us” (the Chinese). Wu’s mission is to recover this ~~these~~ earthy advice for holistic health and begetting good offspring that ~~has~~ been distilled and refined through Chinese families, and to put this living wisdom back into wide circulation.

The narrative that frames Randine Lewis’ acubabies ~~programme~~ through Chinese medicine privileges the *experiential*. She portrays herself as a patient-turned-practitioner, stating at the outset that her ~~programme~~ “is not based on ideas about how

to treat infertility; it is based on experience²².¹²⁴ Lewis-She frequently interjects her discussion on Chinese medicine with autobiography to add persuasive power:

When faced with my own fertility challenges, like many other desperate women I was obsessed with making sure I did everything possible to help my body conceive and carry a child. I altered my diet, cut out all forms of animal products, and choked down a shot of wheatgrass every day {...} I also started incorporating elements of the Chinese medicine I was studying. Chinese medicine is based on the idea of balancing every aspect of the body, including diet and lifestyle.¹²⁵

My first experience with Chinese herbs included trying every kind of natural fertility enhancement I could find in my desperate attempt to become pregnant {...} I brewed horrible-smelling concoctions of raw Chinese herbs on the stove, and they tasted no better than their aroma. Three months after I began my treatment with TCM [traditional Chinese medicine], my hormonal problems were resolved, and I became pregnant. My next experience was when I was in China interning at a TCM hospital, and I was in horrible physical shape. I was breastfeeding my baby, having terribly heavy periods, and feeling constantly fatigued. An internist felt my pulse and reported that I

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was rather depleted in both Qi and Blood. The next day, the hospital lunch consisted of mutton soup with the herbs Angelica (*danggui*) and Astragalus (*Huangqi*). Sounds horrible, right? [...] I had a bowl of the soup, and although it tasted unusual to my Western palate, after the first cup I began to crave more [...]. And yes, I started feeling better.¹²⁶

Lewis' emphasis on the experiential, and the insertion of her own struggles and triumphs, dovetails a celebration of the "female spirit" and the "feminine mystique":

Mysterious and ancient, [the female spirit] is the mother of all creation, bringing forth both the heavens and the earth. Even if we sometimes feel this spirit is hidden, it is always within us. When facing the challenges of infertility, we can draw upon its life-giving potential. This spirit wants to give life, to be healthy, to harbor children; our job is simply to help our bodies to do what they were meant to do.¹²⁷

Elsewhere, Lewis writes about the "Mysterious Female" that resides in all women, and how by "gently nurturing" it, all women could "reclaim the blessing of [their] fertility".¹²⁸ While biomedicine is "certainly valuable",¹²⁹ it loses "the sense of the whole, of the need for us to be in tune with our true nature to bring forth life".¹²⁹ If we use Chinese medicine, then we are "declaring our desire to be in alignment with

1 nature^{””}_” and placing our trust in “our body’s innate wholeness and seeking ways to
 2 help the body remember ~~the body remember~~ what it was meant to do^{””}_”¹³⁰ In a
 3 nutshell, Lewis places Chinese medicine on the side of “nature^{””}_” on the side of
 4 “women’s bodies^{””}_” and on the side of a mystical “female spirit” residing in all
 5 women – and it is therefore “timeless^{””}_” The source of Chinese medicine’s efficacy is
 6 precisely all this – to use Chinese medicine is to “listen and to heed to the body’s
 7 innate sense^{””}_” and to believe in the body’s “natural” power, to “experience the ebb
 8 and flow” of cosmic energies.¹³¹ Chinese medicine, under Lewis’ scheme, operates at
 9 a different, spiritual dimension compared to “materialist” wWestern medicine.

10 Since Ni, Wu_” and Lewis all project Chinese medicine as “timeless wisdom^{””}_”
 11 it is not surprising that their books convey little sense of the history and evolution of
 12 Chinese medicine. Out of the three, only Lewis explicitly names_” in a cursory way,
 13 Chinese medical texts – the *Yellow Emperor’s Inner Canon* [*Huangdi neijing*] and
 14 the *Book of Difficulties* [*Nanjing*]. There is no discussion on historical figures or
 15 how particular therapies or formulae changed or developed. For example, in
 16 explaining acupuncture, Lewis’ historical narrative amounts to this:

17 Thousands of years ago, sharpened stones and rudimentary needles made of
 18 flint were used to penetrate precise points on the skin, yielding consistently

predictable results. These points were then charted into meridians, or energy pathways, which have complex and fascinating physiological effects on Organ system.¹³²

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In sum, all three practitioners stress the “do-it-yourself” nature of their fertility programs. It is about doing “work” on oneself and being in control of one’s fertility, contrasted with being “passive” and relying on ART. As Angela Wu writes, it is also about “getting to know yourself.”¹³³ All three authors devote the final chapter to the way that Chinese medicine, even if it does not bring about the miracle of life, is nevertheless wisdom that will benefit everyone for life because it brings about total health.¹³⁴

“Monkey King’s Path”: Cooperation and Disenchantment with Western Medicine

When the Monkey King set off on his journey, he knew where he was going and what he had to do. How he was going to get there was an entirely different issue. When you’re taking a journey, it’s always a good idea to know where you are going. And if you’ve made it this far, you obviously do: you are heading in the direction of motherhood. That is why you have prepared your mind, your body, and your spirit. But how far are you willing to go to reach your goal? If motherhood is your ultimate goal, would you be willing to

1 contemplate a donor egg or surrogacy if necessary? Are you willing to use
2 assisted reproductive technology (ART) or are you adamant about pursuing a
3 completely natural and drug-free pregnancy? And just how long are you
4 willing to travel? All of these questions must be considered before you can
5 determine the best route for *you* to take.¹³⁵

6 I have read closely a small sample of popular manuals on Chinese medicine and
7 fertility, and the analysis has focused on the level of language and rhetoric – the
8 similarities and differences of the messages that these books aim to transmit. I have
9 argued that, to make Chinese medicine understandable and palatable, these popular
10 manuals deploy a number of “plots” that we can identify. These books ~~on Chinese~~
11 ~~medicine~~ promise to “~~make~~ miracles” and simultaneously manage readers’
12 expectations by stating that, even if Chinese medicine does not work, its timeless
13 wisdom can result in new levels of holistic wellness. I suggest that these “plots” as
14 mundane as they may be, are important “narrative acts” and important processes in
15 the continuous writing and rewriting of Chinese medicine.

16 These books carry a tension between two positions with regard to the
17 relationship between Chinese medicine and wWestern medicine. On the one hand,
18 they criticise wWestern medicine and fashion Chinese medicine as a healthier, caring,

1 more “natural” alternative to the physically exhausting and mentally grueling fertility
2 programs to which women are subjected. On the other hand, they *never* seek to
3 discredit the efficacy of wWestern treatments, occasionally admitting that Chinese
4 medicine functions ideally as a supplement or adjunct to wWestern fertility programs.
5 It appears that this is also how patients perceive Chinese medicine – as something that
6 may increase the chances of conception but not necessarily as a replacement for ART.
7 The move to critique wWestern medicine and to establish Chinese medicine’s
8 attractiveness always already entails a simultaneous reaffirmation of the power and
9 authority of biomedicine and the ultimately “marginal” status of Chinese medicine,
10 which is “parasitic” to the “failures” of biomedicine.

11 On the question of power and authority, hitherto I have not considered the
12 obvious problem of efficacy – do Chinese therapies *work*? Can one *really* make
13 “acubabies”? That question of evaluating the clinical effectiveness of Chinese
14 medicine is of course not the responsibility of researchers engaging in science studies
15 or medical anthropology, and throughout the present chapter I have maintained an
16 agnostic position. A lengthy discussion on the vast amount of scientific literature
17 generated on Chinese medicine and the question of its efficacy (particularly as adjunct
18 to ART), and the epistemological politics involved in “biomedicalizing” or falsifying

CAM, will have to be a separate ~~essay paper~~. In this section I offer a brief discussion based on the three popular manuals.

Out of the three ~~popular manuals~~, only one explicitly mentions evidence-based research – Randine Lewis cites two clinical trials. Lewis states that in ~~S~~spring 2002 “a study by German researchers investigating the effects of acupuncture in women undergoing IVF” ~~“took place.”~~¹³⁶ Although Lewis does not explicitly name this

research, it ~~should is~~ be a reference to Wolfgang Paulus and his collaborators at the Christian-Lauritzen-Institut in Ulm, Germany and the Tongji Medical University in Wuhan.¹³⁷ According to Paulus ~~et. al.~~, the research is based on 160 subjects (80 of

whom had embryo transfer with acupuncture, 80 without acupuncture treatment acting as the experiment’s “control”). The acupuncture was performed 25 minutes before and after embryo transfer, and the rate of clinical pregnancy – defined as the presence of a foetal sac during an ultrasound scan six weeks after embryo transfer – was noted. Paulus ~~et. al.~~ noted that clinical pregnancies were documented in 34 out of 80 patients in the acupuncture group, whereas the rate for the control was 21 out of 80. Thus the authors conclude that acupuncture “seems to be a useful tool for improving pregnancy rate after ART”¹³⁸ The second scientific article, which again is not explicitly named by Lewis, is the 2002 review by Raymond Chang and his collaborators at Cornell University.¹³⁹ Chang ~~et. al.~~ suggested that “because

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acupuncture is nontoxic and relatively affordable” its indication as an adjunct for or alternative to ART “deserves serious research and exploration”¹⁴⁰ For Lewis, “these results were not surprising”¹⁴¹ She states that “all you really have to know is that *acupuncture works*” – that ultimately, such clinical trials were unimportant.¹⁴²

Citations and discussions on scientific literature are conspicuously absent in Ni’s *The Tao of Fertility* and Wu’s *Fertility Wisdom*. Their bibliographies consist primarily of references to other popular guidebooks – Wu cites works by Mantak Chia and Deepak Chopra – or English-language textbooks, without any reference to the vast body of scientific literature on Chinese medicine and fertility. There may be a practical reason: since these guidebooks are written for a lay audience, they have avoided discussions on complicated research and trials. But there may also be an underlying “ideological” reason that illustrates the authors’ self-positioning vis-à-vis Western medicine.

Angela Wu’s *Fertility Wisdom* claims on its front cover that Chinese medicine is:

“clinically proven to CLINICALLY PROVEN TO

- Support natural eConception

- Shorten Labour

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• Sand speed pPostpartum Recover^y”[.]¹⁴³

-The book does not discuss recent clinical trials. Wu does recruit the help of Victor Fujimoto to write an endorsement; Fujimoto is a Professor in Obstetrics, Gynecology, and Reproductive Sciences at the University of California, San Francisco.¹⁴⁴ Fujimoto suggests that he does not know “why [Chinese medicine] has a positive impact on infertility”[”] but that “there are things that Western science simply can’t explain”[”] and that he is “open to the idea that ‘spirit’ – though beyond the realm of Western medicine – plays a role in physical health”[”].¹⁴⁵ Wu herself holds that “Eastern and Western professional partners” may have “dramatically different perspectives on fertility and use different tools to enhance it”[”].¹⁴⁶ But the two medical systems “have one thing in common: they want you to succeed. They want you to have the baby you so desire”[”].¹⁴⁷ Wu invites her readers to “empty their cups”[”] to forget about past failures with all sorts of treatments, and to “put those experiences behind [them]”[”].¹⁴⁸ This is because, Wu argues, “conception is the baby’s choice, not a product of your will or your professional partner’s skill. And you can improve your chances of being that choice by nurturing, encouraging and supporting the best partner you have: your body”[”].¹⁴⁹ Wu’s book evades judgement on which medical approach is more effective, insisting instead that all partners should

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collaborate. She tells her readers that “whatever the direction of your path, you can choose to travel with an open mind and a smile on your face”¹⁵⁰

By contrast, Randine Lewis and Ni Daoshing are more critical of wWestern medicine. Lewis’ language is very revealing. She asks her readers to start “changing your mind about infertility” and relates that when she first began studying TCM “it was difficult to believe what was presented to [her]”¹⁵¹ She recounts how she constantly argued with her TCM teachers, until “one of them told [her] to forget all the ideas of Western medicine that [she] had come to accept as the only truth”¹⁵² because Chinese medicine is a “new paradigm”¹⁵² Lewis continues to recount her own negative experiences with wWestern fertility treatments: “my Western doctor’s only solution was to use drugs like Clomid”¹⁵³ She describes Wwestern medicine and Chinese medicine as “two medical worldviews”¹⁵⁴ and aims to “correct the ‘conception misconceptions’ of Western medicine” and to expose itthe “bias” of Western medicine”¹⁵⁴ Pointing out the “failures” and “fallacies” of wWestern reproductive medicine, Lewis insists that there are two distinct, contrasting ways of thinking about health.¹⁵⁵ East and West are not necessarily incommensurable or untranslatable – in fact Lewis displays a kind of syncretism or “bilingualism” as Chinese medicine and wWestern diagnoses and disease categories are used to explain

each other.¹⁵⁶ But in Lewis' view, there is *no real need* to subject Chinese medicine to the verification of wWestern science to legitimizse her practice.

“Dr. Dao” Ni Daoshing states that he has “great respect for [wWestern] diagnostic tests”²² but:

If you've been given information about your infertility that doesn't feel quite right or is confusing, or even makes no sense at all to you, you are not alone.

In Western society, we are taught to believe that the doctor is always right. It's hard to speak up when you have questions or concerns. But that's exactly what you must do. If you have a feeling about what's happening or not happening in your body, it's imperative to ask for the care you want. Don't get swept up in fear or anxiety over your diagnosis and allow yourself to make a hasty or pressured decision about your case.¹⁵⁷

And in one of the “women's voices” that Ni Daoshing incorporates with this argument: “

You can do all the tests in the world, but you can't do anything unless you accurately describe how you feel to someone who is willing to listen.”¹⁵⁸

Enfolded within these passages are two critiques of wWestern medicine. First, wWestern medicine provides a diagnosis that can seem impersonal, even objectifying

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and disempowering. It does not endow patients with a vocabulary to “accurately describe” their subjective experiences. Ni encourages readers to challenge their ~~W~~western physicians, who are there to “serve.” Moreover, the suggestion in the second passage is that ~~w~~Western doctors are not necessarily willing to listen to their patients’ concerns. From this critique, Ni returns to a trope he frequently uses in the book – that of a *journey*, a journey to conception with various obstacles and challenges to women. Ni describes the “Monkey King,” the protagonist from the sixteenth-century Chinese epic novel *Journey to the West* (*Xiyou ji*). The Monkey is “about to set off on his journey” accompanying the sacred monk Xuanzang to retrieve Buddhist sutras from India and battling demons and ghosts along the way.¹⁵⁹ Ni suggests that even though the Monkey King “knew where he was going and what he had to do [how] he was going to get there was an entirely different issue.”¹⁶⁰ Likewise, for Ni, there could be multiple paths towards the same destination, many methods for achieving conceptions. He implies that these possible pathways, from the IVF needle that injects sperm into an egg to the acupuncture needle that regulates *qi* circulation, are *equally valid*.

In distancing himself from the “path” of ~~w~~Western medicine, Ni highlights the experiences of former patients and incorporates a large number of case studies.

1 Indeed, in the Prologue, Ni Daoshing opts to let former patient Dana Herko introduce
2 the book. Ni explains:

3 I have had the privilege of seeing thousands of women patients [...] They have
4 taught me humility, compassion, and the strength of the human spirit. But for
5 all I have learned – and regardless of how well I have come to appreciate and
6 understand women – I can never be a woman living through the actual
7 experience of her fertility challenges. I needed a woman’s voice to help me
8 better communicate the wisdom passed on to me and what I have come to
9 know.¹⁶¹

10 Wu’s *Fertility Wisdom* and Lewis’ *The Infertility Cure* also mobilizse large samples
11 of “women’s voices” to make Chinese medicine relatable, using their patients’
12 struggles to illustrate ~~Chinese medicine~~² its miraculous effects – Angela Wu uses
13 approximately fifteen such stories;² Ni Daoshing and Randine Lewis both use around
14 twenty-five cases to appeal to their readers.

15 From these three popular manuals we could discern a number of different
16 positions on the relationship between wWestern and Chinese medicine. Wu recruits a
17 wWestern gynæcology expert to write a testimonial, without mentioning ongoing
18 clinical research, and generally subscribes to the position that wWestern and Chinese

1 medicine can co-operate, or that Chinese medicine gua “practical wisdom” can
2 complement or integrate easily with a woman’s fertility regimens. Randine Lewis is
3 the only author who explicitly discusses clinical research. Lewis and Ni Daoshing
4 both point to “mainstream” biomedicine’s failures and weaknesses: the lack of
5 sympathetic human exchange in wWestern medicine; the inattention to the patients’
6 “total health”; the reduction of complex phenomena aon into statistics and
7 incomprehensible terminologies that leave women feeling disenfranchised. These
8 practitioners never explicitly dispute the power of wWestern fertility medicine, nor do
9 they construe Chinese medicine as an incommensurable, absolute “Oether” resistant
10 to all attempts atef translation. Nevertheless, they do not believe that it is *necessary* to
11 legitimisze Chinese medicine through clinical trials or “scientization²².” To adopt Ni’s
12 metaphor: there awere many paths available for conception, and some paths are just as
13 good for taking one to the desired destination. Chinese medicine is thus fashioned as a
14 “pathway²²”: as valuable as a or sometimes superior to wWestern counterparts.

15 By way of closing, I want to go beyond the three popular manuals and turn to
16 the “epistemological politics” and then the “narratological politics” of Chinese
17 medicine. In 2010 five British researchers conducted a meta-analysis of the evidence
18 on the effectiveness of acupuncture and herbal medicine on the treatment of female
19 subfertility by ART, based on fourteen randomly -controlled trials. The paper was

published in March 2010 in *Human Fertility*, official journal of the British Fertility Society, which released in the same month a new set of ~~g~~Guidelines to its members on Chinese therapies.¹⁶² The ~~g~~Guidelines stated: “There is currently no evidence that having acupuncture or Chinese herbal medicine treatment around the time of assisted conception increases the likelihood of subsequent pregnancy”¹⁶³ In response, the British Acupuncture Council published its own statement, ~~expressing say~~ int it was “surprised at the findings especially as they seem to contradict a lot of the research previously published in this area”¹⁶⁴ The press release cited numerous studies that supported the use of acupuncture, as well as quoting the practitioner Zita West, who stated that “many women we see at [Zita West’s] clinic who have experienced IVF both with and without acupuncture frequently report that they are convinced that acupuncture made a difference” – the argument moves quickly back to the experiences and testimonials of female patients.¹⁶⁵

The response from the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM) was more strident. ~~ATCM-It~~ It points out that, in the clinical trials assessed in the *Human Fertility* review, acupuncture is administered around the time of egg removal, on the day of embryo transfer, or two to three days after embryo transfer. This is not, in ATCM’s view, representative of a typical acupuncture

program, which may be administered “once or twice a week for at least two to three months before and during IVF procedure”.¹⁶⁶ It ~~ATCM~~ adds: “

No wonder that in these trials, “acupuncture” did not make any difference. You would not use 1/10 of normal dose of penicillin to treat pneumonia and then claim that penicillin is not effective for pneumonia.”¹⁶⁷ The association

~~ATCM~~ also insists that the “acupuncture” used in clinical trials, in which the same acupoints were used across all research subjects, is “against the fundamental principle” of Chinese medicine: “There is no such thing existing that one or a few points can be effective to treat any kinds of infertility in all patients regardless of constitutional difference. Such tailor-made acupuncture treatment may make randomized controlled trial impossible”.¹⁶⁸ As such, the “acupuncture” used, ~~ATCM~~ argues, “is not authentic”.¹⁶⁹

Volker Scheid, in concluding his study on the globalization of menopause, echoes Vincanne Adams’ concern that “once traditional medicines allow themselves to be evaluated by biomedical research methods, the odds against receiving fair treatment are heavily stacked against them”.¹⁷⁰ Chinese treatments are simplified so that they can be evaluated via biomedical research methodologies, and if negative results emerge from these studies then an entire field may be delegitimized, as if the

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simplified treatment protocols could stand in for *all* of Chinese medicine. The dispute discussed above between professional associations in wWestern fertility medicine and Chinese medicine highlights questions concerning standardization and the slipperiness of “authenticity” – whether there could ever be a consensus on a standard protocol or a selection of procedures for all cases of infertility, whether there can be such a thing as an “authentic” acupuncture or “Chinese” medicine. These are the “epistemological politics” that have resulted in the worlding of Chinese medicine, and trials on IVF and acupuncture are just one of the many arenas in which this politics plays out.

In this chapter I have ~~only~~ discussed only here three guidebooks or “objects of persuasion”²². No matter how important or widespread these books are, they cannot be taken as representative of all popular books on Chinese medicine and fertility. More close reading is required on a range of publications on this subject, as well as more comparative work on books on fertility and CAM to see what kind of “stories” are being built around Chinese medicine. More ethnographical research is necessary too on the users of ART and Chinese medicine, and there is an enormous network of actors and institutions to be followed. Through ~~the~~ this chapter I have wanted to draw out one key part from this vast enterprise – which I can perhaps call “narratological politics”²³. I suggest that the “narratological” is not so much to do with the “epistemological”²⁴ or with the verification or falsification of Chinese medicine via

the research protocols of biomedicine. It has not so much to do with ways or styles of knowing either. Rather, to investigate the “narratological” is to pay attention to how Chinese medicine is framed by particular plotlines, how these stories are told, how certain signs and shorthand are mobilized to make Chinese medicine transmissible and understandable. These narratives are no less important to the survival of Chinese medicine in the West than clinical trials and meta-analyses – these narratives, mundane and ordinary ~~that as~~ they often are, cultivate particular expectations, or reiterate Chinese medicine’s status in the ~~w~~Western medical marketplace, or define and delimit the direction that Chinese medicine may take.

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especially its principal holders, Nick Hopwood, Martin Johnson, and Sarah Franklin, whose scholarship has continued to shape my thinking. Anna Kathryn Schoefert read through drafts of this chapter; all errors and inaccuracies remain my own.

Declaration of Interest

~~I am not linked or affiliated in any way with the medical practitioners and their associated businesses or institutions discussed in this chapter. I do not endorse or oppose these practitioners or the medical services that they offer.~~

Notes

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¹ Mei Zhan, *Other-Worldly: Making Chinese Medicine through Transnational Frames* (Durham, NC: Duke University Press, 2009), 12.

² I use the phrase “Chinese medicine” and refrain from using “Traditional Chinese medicine” or “TCM” unless I am specifically referring to the “standardized” form of Chinese medicine taught in state-regulated institutions in the People’s Republic

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of China. “TCM” is only one of the many “Chinese medicines” that are practiced around the world – and it is not even the only form of Chinese medicine practiced in China. Kim Taylor, *Chinese Medicine in Early Communist China, 1945–63* (London: RoutledgeCurzon, 2005); Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Durham, NC: Duke University Press, 2003); Elisabeth Hsu, “The hHistory of Chinese Medicine in the People’s Republic of China and its Globalization,” in *East Asia Science, Technology and Society: An International Journal* 2 (2008): 465– 84.

³ E.g., Gillian Beer, *Darwin’s Plots: Evolutionary Narrative in Darwin, George Eliot and Nineteenth-Century Fiction* (Cambridge: Cambridge University Press, 1983); Donna Haraway, *Primate Visions: Gender, Race, and Nature in the World of Modern Science* (London: Routledge, 1989); Donna Haraway, *Simians, Cyborgs, and Women: The Reinvention of Nature* (London: Free Associate Books, 1991); William Clark, “Narratology and the hHistory of Science,” in *Studies in History and Philosophy of Science* 26 (1995): 1–71.

⁴ Zhan, *Other-Worldly*, 23–24, 195–201; Mei Zhan, “A dDoctor of the Highest Caliber Treats an illness Before it Happens,” in *Medical Anthropology: Cross-Cultural Studies in Health and Illness* 28 (2009): 166– 88 at (170–173);

Mei Zhan, “Worlding oneeness: Daoism, Heidegger, and possibilities for Treating the Human,” in *Social Text* 29 (2011): 107–28.

⁵ See Zhan, *Other-Worldly*, 12, 27.

⁶ *Ibid.*, 141.

⁷ *Ibid.*, 141.

⁸ *Ibid.*, 141–142.

⁹ My use of “popular” here is to designate books on CAM ~~which~~ that are accessible to a general, non-specialist audience – readers with little prior contact and background knowledge.

¹⁰ E.g., Judith Farquhar, *Knowing Practice: The Clinical Encounter of Chinese Medicine* (Boulder : Westview Press, 1994); Elisabeth Hsu, *The Transmission of Chinese Medicine* (Cambridge: Cambridge University Press, 1999); Scheid, *Chinese Medicine in Contemporary China*; Linda Barnes, “The acupuncture Wars: The Professionalizing of American Acupuncture:— A View from Massachusetts,” in *Medical Anthropology: Cross-Cultural Studies in Health and Illness* 22 (2003): 261–301; Elisabeth Hsu, “Chinese propriety Medicines: An ‘Alternative Modernity’? The Case of the Anti-Malarial Substance Artemisinin in East Africa,” in *Medical Anthropology: Cross-Cultural Studies in*

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Health and Illness 28 (2009): 111–40; Eric Karchmer, “Chinese ~~m~~Medicine in ~~A~~ction: On the ~~P~~ostcoloniality of ~~M~~edical ~~P~~ractice in China,” in *Medical Anthropology: Cross-Cultural Studies in Health and Illness* 29 (2010): 226–52; Volker Scheid, “Globalizing Chinese ~~M~~edical ~~U~~nderstandings of ~~M~~enopause,” in *East Asian Science, Technology and Society: An International Journal* 2 (2008): 485–506; Lena Springer, “Prekäre Identität und vielfältige Berufswege von Ärzten für chinesische Medizin in der VR China: ~~Z~~ur Geschichte des Arztes, der Nation und der Profession” (Unpublished Ph.D. ~~d~~issertation, University of Vienna, (2010); Lucia Candelise, “La médecine chinoise dans la pratique médicale en France et en Italie, de 1930 à nos jours: –Représentations, réception, tentatives d’intégration” (Unpublished Ph.D. ~~d~~issertation, EHESS and Università degli Studi di Milano-Bicocca, (2008).

- ¹¹ Scholarship has concentrated on the Anglo-American “self-help” lay medical texts. E.g., Charles Rosenberg (ed.), ed., *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene* (Baltimore: Johns Hopkins University Press, 2003); Thomas Horrocks, *Popular Print and Popular Medicine: Almanacs and Health Advice in Early America* (Amherst: University of Massachusetts Press, 2008); Guenter Risse, Ronald Numbers, and Judith Leavitt (eds.), eds., *Medicine*

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¹² *Sex and the City*, Season 6, Episode 11, “The dDomino Eeffect,” b-Broadcast by Home Box Office (HBO) on September 7, 2003.

¹³ Randine Lewis, *The Infertility Cure: The Ancient Chinese Wellness Program for Getting Pregnant and Having Healthy Babies* (New York: Little, Brown, and CompanyCo., 2004); Angela Wu, with Katherine Anttila and Betsy Brown, *Fertility Wisdom: How Traditional Chinese Medicine Can Help Overcome Infertility*. With Katherine Anttila and Betsy Brown (Emmaus, PA: Rodale, 2006); Ni Daoshing and Dana Herko, *The Tao of Fertility: A Healing Chinese Medicine Program to Prepare Body, Mind, and Spirit for New Life* (New York: Collins, 2008).

¹⁴ E.g., Gail Reichstein, *Wood Becomes Water: Chinese Medicine in Everyday Life* (New York: Kodansha, 1998); Harriet Beinfeld and Efrem Korngold, *Between Heaven and Earth: A Guide to Chinese Medicine* (New York: Ballatine, 1991). Bob

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- ¹⁶ Scheid, “Globalizing Chinese ~~m~~Medical ~~u~~nderstandings of ~~M~~enopause”, 499.
- ¹⁷ Charlotte Furth, *A Flourishing Yin: Gender in China’s Medical History, 960–1665* (Berkeley: University of California Press, 1999); Yi-Li Wu, *Reproducing Women: Medicine, Metaphor, and Childbirth in Late Imperial China* (Berkeley: University of California Press, 2010).
- ¹⁸ Scheid, “Globalizing Chinese ~~m~~Medical ~~u~~nderstandings of ~~M~~enopause”, 494.
- ¹⁹ E.g., Marilyn Strathern, *Reproducing the Future: Anthropology, Kinship, and the New Reproductive Technologies* (Manchester: Manchester University Press, 1992); Jeanette Edwards, Sarah Franklin, Eric Hirsch, Frances Price and Marilyn Strathern, *Technologies of Procreation: Kinship in the Age of Assisted Conception*, 2nd Edition, (London: Routledge, 1999); Charis Thompson, *Making Parents: The Ontological Choreography of Reproductive Technologies* (Cambridge, MA: MIT Press, 2005); Faye Ginsburg and Rayna Rapp (eds.), eds.,

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- ²¹ Sarah Franklin, *Embodied Progress: A Cultural Account of Assisted Conception* (London: Routledge, 1997), 165, 131–467.

²² *Ibid.*, 166.

- ²³ Karen Throsby, *When IVF Fails: Feminism, Infertility and the Negotiation of Normality* (Basingstoke: Palgrave Macmillan, 2004), 72.

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²⁵ James F. Smith *et. al.*, “The Use of Complementary and Alternative Fertility Treatments in Couples Seeking Fertility Care”, 2170.

²⁶ *Ibid.*

²⁷ At the time of finalizing this chapter (August 2012), the UK’s *Times Magazine* ran a cover story entitled “What Price a Child? Because They’re Worth It”, containing interviews with six mothers. Portraits of happy children are juxtaposed to a “price tag” for each. Mothers described using CAM to complement their IVF programmes; one mother spent between £3,000 and £4,000 on acupuncture and hypnotherapy, even though she was “not into that sort of thing”. Young Liora “cost” four years and £100,000 from IVF, surgery, consultant appointments and medication, as well as counselling, acupuncture and vitamin tablets. Another example is Louise Carpenter, “The Baby Maker,” in *Observer Magazine*, October 25, (2009), which profiles Dr. Xiao-Ping Zhai, available at <http://www.guardian.co.uk/lifeandstyle/2009/oct/25/infertility-treatment-babies-doctor-zhai>. Last (accessed 1 August 1, 2012).

²⁸ Ni Maoshing is the brother of Ni Daoshing, co-author with Dana Herko of *The Tao of Fertility* (2008), who will be discussed in this chapter. Whereas Daoshing specializes in fertility, Maoshing specializes in “Taoist anti-aging medicine”. Ni

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Maoshing, *Second Spring: Dr. Mao's Hundreds of Natural Secrets for Women to Revitalize and Regenerate at Any Age* (New York: Simon and Schuster, 2009).

²⁹ The most high-profile celebrity endorsement, often cited by Chinese medical practitioners, is that of Celine Dion, who in 2010 successfully gave birth to twins with the combination of acupuncture and IVF.

³⁰ Angela Wu, *Fertility Wisdom: How Traditional Chinese Medicine Can Help Overcome Infertility*. With Katherine Anttila and Betsy Brown (Emmaus, PA: Rodale, 2006), 2–3.

³¹ *Ibid.*, 2.

³² *Ibid.*, 3.

³³ *Ibid.*, 3.

³⁴ *Ibid.*, 3.

³⁵ *Ibid.*, 6.

³⁶ *Ibid.*, 6.

³⁷ *Ibid.*, 8.

³⁸ *Ibid.*, 9.

³⁹ *Ibid.*, 4.

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⁴¹ Ni Daoshing and Dana Herko, *The Tao of Fertility: A Healing Chinese Medicine Program to Prepare Body, Mind, and Spirit for New Life* (New York: Collins, 2008), 165.

⁴² *Ibid.*, 4.

⁴³ *Ibid.*, 5.

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⁴⁵ *Ibid.*, 6.

⁴⁶ *Ibid.*, 147–151.

⁴⁷ *Ibid.*, 148.

⁴⁸ *Ibid.*, 148.

⁴⁹ *Ibid.*, 149.

⁵⁰ *Ibid.*, 149.

⁵¹ *Ibid.*, 149.

⁵² *Ibid.*, 149.

⁵³ *Ibid.*, 149.

⁵⁴ *Ibid.*, 150.

⁵⁵ *Ibid.*, 150.

⁵⁶ *Ibid.*, 150.

⁵⁷ *Ibid.*, 151.

⁵⁸ *Ibid.*, 187.

⁵⁹ Franklin, *Embodied Progress*, 145–148.

⁶⁰ Lewis, *The Infertility Cure*, 187.

⁶¹ *Ibid.*, 188.

⁶² *Ibid.*, 188.

⁶³ Christiane Northup, “Foreword,” in Julia Indichova, *Inconceivable: A Woman’s Triumph Over Despair and Statistics* (New York: Broadway Books, 1998), xiii–xv (at xiv), quoted in Lewis, *The Infertility Cure*, 17.

⁶⁴ Zhan, *Other-Worldly*, 91–117.

⁶⁵ *Ibid.*, 92.

⁶⁶ *Ibid.*, 114.

⁶⁷ *Ibid.*, 92.

⁶⁸ *Ibid.*, 93.

⁶⁹ *Ibid.*, 109.

⁷⁰ *Ibid.*, 101.

⁷¹ Lewis, *The Infertility Cure*, 20.

⁷² See Ni and Herko, *The Tao of Fertility*, 85–105.

⁷³ *Ibid.*, 85.

⁷⁴ *Ibid.*, 86–88.

⁷⁵ *Ibid.*, 86.

⁷⁶ *Ibid.*, 87.

⁷⁷ *Ibid.*, ~~87~~.

⁷⁸ *Ibid.*, 88.

⁷⁹ *Ibid.*, ~~88~~.

⁸⁰ *Ibid.*, ~~88~~.

⁸¹ *Ibid.*, ~~88~~.

⁸² *Ibid.*, 88–89.

⁸³ *Ibid.*, 91.

⁸⁴ *Ibid.*, ~~91~~.

⁸⁵ *Ibid.*, ~~91~~.

⁸⁶ *Ibid.*, 90.

⁸⁷ *Ibid.*, ~~90~~.

⁸⁸ *Ibid.*, 92–97.

⁸⁹ *Ibid.*, 96.

⁹⁰ *Ibid.*, 95.

⁹¹ *Ibid.*, 96.

⁹² *Ibid.*, 98–105.

⁹³ *Ibid.*, 97–98.

⁹⁴ *Ibid.*, 98.

⁹⁵ *Ibid.*, 98.

⁹⁶ Wu, *Fertility Wisdom*, 71.

⁹⁷ See *ibid.*, 77–172.

⁹⁸ *Ibid.*, 79–80.

⁹⁹ *Ibid.*, 83.

¹⁰⁰ *Ibid.*, 99–101.

¹⁰¹ *Ibid.*, 88.

¹⁰² *Ibid.*, 221–222. Volker Scheid, Dan Bensky, Andrew Ellis and Randall Barolet (eds.), eds., *Chinese Herbal Medicine: Formulas and Strategies*, Second 2nd Edition edn. (Seattle: Eastland Press, 2009). On “Rambling Powder,” 120–125; on “Eight-Treasure Decoction,” 346–350; and “Worry-Free Formula to Protect Birth,” 360–362).

¹⁰³ Wu, *Fertility Wisdom*, 103–116.

¹⁰⁴ *Ibid.*, 106.

¹⁰⁵ *Ibid.*, 110.

¹⁰⁶ *Ibid.*, ~~110~~.

¹⁰⁷ *Ibid.*, 111.

¹⁰⁸ *Ibid.*, 112.

¹⁰⁹ *Ibid.*, 118.

¹¹⁰ *Ibid.*, 123–~~129~~.

¹¹¹ *Ibid.*, 163.

¹¹² *Ibid.*, 168.

¹¹³ Lewis, *The Infertility Cure*, 55–77, 78–99, 100–~~129~~, 130–~~158~~.

¹¹⁴ *Ibid.*, 109–~~129~~, 139–~~156~~.

¹¹⁵ *Ibid.*, 157.

¹¹⁶ *Ibid.*, 109–~~129~~.

¹¹⁷ *Ibid.*, 139–~~156~~.

¹¹⁸ *Ibid.*, 70–~~77~~.

¹¹⁹ *Ibid.*, 81–~~83~~.

¹²⁰ *Ibid.*, 88–~~89~~.

¹²¹ Ni and Herko, *The Tao of Fertility*, 6.

¹²² Wu, *Fertility Wisdom*, 104–105. Wu refers to the “Quan [~~sic~~] Yin” (on Wu, 4–5), which is “Guanyin²²,” the bodhisattva associated with compassion.

¹²³ *Ibid.*, 70.

¹²⁴ Lewis, *The Infertility Cure*, 52.

¹²⁵ *Ibid.*, 78–79.

¹²⁶ *Ibid.*, 130–131.

¹²⁷ *Ibid.*, 51–52.

¹²⁸ *Ibid.*, 54.

¹²⁹ *Ibid.*, 69.

¹³⁰ *Ibid.*, ~~69~~.

¹³¹ *Ibid.*, 138 and 69. See also ~~*Ibid.*, 87~~.

¹³² *Ibid.*, 101.

¹³³ *Ibid.*, 105.

¹³⁴ ~~Lewis, *The Infertility Cure*~~*Ibid.*, 277–283; Wu, *Fertility Wisdom*, 195–200; Ni, *The Tao of Fertility*, 227–238.

¹³⁵ Ni, *The Tao of Fertility*, 122.

¹³⁶ Lewis, *The Infertility Cure*, 100.

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¹³⁷ Wolfgang Paulus, M. Zhang, E. Strehler, I. El-Dansouri, and K. Sterzik ~~et. al.~~,
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¹³⁸ *Ibid.*, 724.

¹³⁹ Lewis, *The Infertility Cure*, 101. Raymond Chang, P. H. Chung, and Z. Rosenwaks
~~et. al.~~, “²²Role of Aacupuncture in the Ttreatment of Ffemale Iinfertility,” in
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¹⁴¹ Lewis, *The Infertility Cure*, 101.

¹⁴² *Ibid.*, 102.

¹⁴³ Wu, *Fertility Wisdom*, front cover.

¹⁴⁴ Victor Fujimoto, “Preface: A wWord from a Wwestern Ddoctor,” in *Wu, Fertility*
Wisdom ~~*ibid.*~~, ix–x.

¹⁴⁵ *Ibid.*, x.

¹⁴⁶ Wu, *Fertility Wisdom*, 191.

¹⁴⁷ *Ibid.*, ~~191~~.

¹⁴⁸ *Ibid.*, 16, 191.

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¹⁴⁹ *Ibid.*, 191.

¹⁵⁰ *Ibid.*, 191.

¹⁵¹ Lewis, *The Infertility Cure*, 1.

¹⁵² *Ibid.*, 1.

¹⁵³ *Ibid.*, 2.

¹⁵⁴ See *ibid.*, 10–18.

¹⁵⁵ *Ibid.*, 11.

¹⁵⁶ See *ibid.*, 285–291.

¹⁵⁷ Ni and Herko, *The Tao of Fertility*, 120–121.

¹⁵⁸ *Ibid.*, 113.

¹⁵⁹ *Ibid.*, 122–123.

¹⁶⁰ *Ibid.*, 122.

¹⁶¹ *Ibid.*, xi.

¹⁶² Ying Cheong et al., L. G. Nardo, T. Rutherford, and W. Ledger, “Acupuncture and Herbal Medicine in in vitro fertilisation-IVF: A Review of the Evidence for Clinical Practice,” in *Human Fertility* 13 (2010): 3–12; Ying Cheong, Ng Ernest Hung Yu, and W. L. Ledger et al., “Acupuncture and Assisted Conception (Review),” in *The Cochrane Review* 1 (2009): 1–50.

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